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Village or City Chester four (No. May	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
1865	11H of 1
7 AGE (Month) (Day) (Year)	that I last saw h SV alive on 11 h
1 day, hrs.	and that death occurred on the date stated above, at the minute of the stated above.
yrs. J mos. OR min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or House work	2 2 3 3 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mos. news.
9 BIRTHPLACE (State or country) Kent leo Mil	Secondary (Burallon) / yrs, mos. ds.
10 NAME OF FATHER AND. Dmith	(signed) (Sas. 6. fraghing M. O.
State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
of MOTHER Charlotte Bowers	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Kent les Ma	OR RECENT RESIDENTS) At place in the ot deathyrsmosds. Slale,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE	Where was disease contracted, it not at place of death?
(Informant) O Hay WHE Gorker	Former or usual residence
(Address) LO Hestertiewn Mill	19 PLACE OF BURIAL OR HEMOVAL DATE OF BURIAL
Fled July 14, 191 5 Now Stocks	20 INDESTAKER ADDRESS

Deal REGISTRAR What ded, address State Registrar, 16 W. Saratoga St.; Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary Areman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of oeeupa-The material worked on may form part If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: . Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tangs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-aecident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as birth or miscarriage as "Puerperal septichumio," "Puerperal perdonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; Poisoned by corbolic ocid-probably to determine definitely. Examples: Accidental drowning. surgical operation was undertaken. For violent deaths cause. etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. cough; Chronic walvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion, ACCIDENTAL,



W. S. No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

Village or City Mulling THO 2 FULL NAME MACANIAGE	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 200 [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
**SEX COLOR OR RACE SINGLE, MARRIED, MINICANNES OR DIVORCED (Write the word) **ODATE OF BIRTH AMONTH) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191, 191
7 AGE (2. Mas) humanis It LESS than 1 day,hrs. ormos. ds. ormin.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment to which employed (or employer) 9 BIRTHPLACE (State or country) (Au Olivia line (State)	(Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER DOWN 11 BIRTHPLACE OF FATHER (State or country) Junear 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) yrs mos ds. (Signed) , M. D. (State the Dismasm Causing Dmath, or, in deaths from Violent Causes, state (1) Mmans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THUE TO THE BEST OF KNOWNEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, It not at place of death? Former or usual residence
(Address) Dillington 15 Filed 7-15-15191 Earle astofford	20 UNDERTAKER ADDRESS

If more blanks are newded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfuigainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercu-losis of lungs, meninges, peritonacum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the ipus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant peoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. Wart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify, all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion." Examples: cause for POT VIO



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DEATH

Every Item CAUSE OF Important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [it death occurred in ...Ward) a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH WARLED. MIDOMED ORDIVERCED WORD (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from ord DATE OF BIRTH that I last saw h Lan (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory (State or country) (Duration) FATHER ARENTS (Address) Open Local OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from WIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State _____ yrs, ____ mos. .. yrs. mos. ds. 14 THE ABOVE Where was disease contracted. If not at place of death? Former or usual reside 15 DORE RECISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farn-laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," , (b) Cotton mill; (a) Salesman, Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Northclaschsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e.g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

B. No. 1.

PLACE OF DEATH 11774	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registered No. 200
Village or City Hear Salega (No. ,	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Tear)	17 I HEREBY CÉRTIFY, That I attended deceased from
7 AGE Still mos. Bergs: if LESS than 1 dayhrs. 0Rmln.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory augustusian on Cons
9 BIRTHPLACE (State or country) Mary lards 10 NAME OF FATHER OSTATION OF STATES OSTATION OF STAT	(Signed) (Doration) yrs mos ds. (Signed) , M. D. Astronomy (Address) Control of the Control of
(State of country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State of country) 13 Country 14 Country 15 Country 16 Country 17 Country 18 Country	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the graph of the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Authority Description	Where was disease contracted, It not at place of death? Former or District the state of the stat
(Address) 15 Filed Aufgal, 191.5 Slock Registran 16 more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER PAGENT ADDRESS ADDRESS SELECTION OF BURIAL ADDRESS SELECTION



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. heen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichaegenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chrosio oma. Narcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mails-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Examples:



N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

75

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No ...

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

(No....

	PERS	ONAL AND STATISTI	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
SEX	ale	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVDRCED (Write the w	watere	(Month) (Day (Yea
PAT	E OF BIRT	od (Month)	19 (Day	, 1846 (Year)	that I last saw here alive on July 9 th 19
AGE	paoces	68 yrs 8	mos 23 ds	1 day, hrs.	and that death occurred on the date stated above, at
(a) Tr	CUPATION rade, profession cular kind of y		home		The state of the s
busine	eneral nature ss, or estab employed (or		······	***************************************	(Ouration) 🗘 yrs. mos.
BIR	THPLACE State or con	untry) Mari	Mand		Secondary (Dgration) yrs mos
	O NAME O	Glorge	hedde	is	(Signed) . () within
	BIRTHPI OF FAT (State of	or country)	rylan	d	*State the DISEASE CAUSING DEATH, or, in deaths from Viol CAUSES, state (1) MEANS OF INJURY; and (2) whether Acci
-	OF MO	THER Crusses	ita SI	pry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS)
	(State	or country) Wax	es land	VLEDGE	At place in the ot death yrs mos ds. State yrs mos there was disease contracted,
	formant)	O.M	of B. W	roore	if not at place of death?
6	(Address).	Valled	m w	Act .	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3, 19
Filed.	7/10	-,1915 Du	lean	REGISTRAR	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; ness of various pursuits ean be known. The question eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Scrvant, Cook, Housemaid, etc. material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples:

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is 'Epidemie eere-brospinal meningitis'); Diphtheria (avoid use of ''Croup'';) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("'Pneumonia," unqualified, is indefinite): Tuborcu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Meastes; Whooping cough; Chronic which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (seeondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inauition," "Marasture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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RECORD PERMANENT THIS INK WITH

Very P . properly supplied. pe may certificate. 9 0 terms, on back See instructions information 5 DEATH jo OF mportant, Every Ite

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No fit death occurred in St .: Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, (Month) OR OLVORCEO I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or empleyer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ... State Where was disease contracted. 14 THE ABOVE IS if not at place of death? Former or usual residence DATE OF BURIAL 15

> If more blanks are needed, address State Registrar, 6 E. Franklin St., Baile., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichal cause. Always qualify all diseases resulting from "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection ueed uot be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; ete. State cause for For VIO-



HYSICIANS statement of	Gount	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Exact	Villag	e or City Colles Sertown (No. Low	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXAC siffied.	parts.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ated	3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
properly rtificate	6 DAT	TE OF BIRTH	THEREBY CERTIFY, That I Attended deceased from
houl cer		(Month) (Day) (Year)	that I last saw h alive on fully , 1919,
AGE shit may back of	7 AGE	if LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
so that	(a) part	CUPATION Trade, profession, or cloular kind of work General nature of industry	Pachilis
arefully su ain terms, e instructi	busi whice	ness, or establishment in chemployed (or employer) RTHPLACE (State or country) Keuf les Mus	Contributory Lachelos all left (Quration) yrs. mos. ds.
H in ple	S	10 NAME OF Harrison Hamilton	(signod) Valenglogymmono M. O.
ATH	ENTS	11 BIRTHPLACE OF FATHER (State or country) ((4) of Co.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
ation shou OF DEAT	PARE	12 MAIDEN NAME Watte Jenkins	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
nformat AUSE O		13 BIRTHPLACE OF MOTHER (State or country) Kill Co Mid.	At place of deathyrsmosds. State,yrsmosds. Where was disease contracted,
item of in state CA PATION		(Informant) The BEST OF MY KNOWLEDGE	if not al place of deeth ?
Every ite should s OCCUP.	15	(Address) Cheffer foround	Hear Chester Town July 20, 1915
. В. Э.		July 20, 1915 March REGISTRAR	20 Moderaker Lodd Chestertown
Z		If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton Hausemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line engineer, Stationary freman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid their (never report "Typhoid pneumonia"); Lobar pnicumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbalic acid-probably SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: 'Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheoping Struck by railway train—accident; Revolver wound of etc., when a definite disease can be ascertained as the "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of The contributory (secondary or intercur-Never report mere



PHYSICIANS shoul RECORD PERMANENT cla INK plain 5 DEAT Po

50 back instructions OF CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. I'lf death occurred in .Ward) a hospital or institution. give its NAME tostead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 5 SINGLE, BLARKE Month) (Day (Year) (Write the word) I HEREBY CERTIFY, The (Day 7 AGE it LESS than t day.....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OFFATHER (State or country) State the Disease Causing Deall, on in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At niace in the OF MOTHER (State or country) ot death _____ yrs. ___ State ____ _ ds. Where was disease contracted. it not at place of death? Former or usual residence. BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborerstatement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucasis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childblrth or miscarriage as "Puerreral schichaccause. Aiways qualify all diseases resulting from ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neopiasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) dcath), 29 ds.; For vio-



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PLACE OF DEATH 11779	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City hostestowno	St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCED (Write the word)	Month (Day) (Year) 17 HEREBY CENTIFY, That I attended deceased from
OATE OF BIRTH. OATE OF BIRTH. (Month) (Day) (Day) (Year)	that I last saw h & alive on file 2, 191 %,
yrs. / O mes. ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, expression, or particular kind of work (b) General nature of Industry	Julianary Juby Culous
business, or establishment in which employer (or employer)	Contributory Secondary
10 NAME OF Saml, Hicks	(Signed) Traul B. (Buration) J. prest mos. ds. (Signed) Traul B. (Address) Chester Corn Mis.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER DAGUE USULTAN	*State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or doudtry) Mdd,	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) I da Discussion	If not all place of death ?
(Address) thististown Ma	maglislows Md Tuly 3, 1913.
Filed fully 5, 191 Socal REGISTRAR	M. J. Lockes histerlown
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, precise specification as Day loborer, Form laborer, Laborer mobile foctory. only when needed. As examples: (a) Spinner, (b) Cotton business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return ."Laborer," mill; (a) Salesman, (b) Grocery; (a) Foremon, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of oegupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, meminunqualified, is indefinite); Tuberculosis of tungs, meminunqualified, is indefinite);

genital," on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," head-homicide; Poisoned by carbolic acid-probably Struck by railwoy train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or "Anaemia" (merely symptomatic), "Atrophy, "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valrular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonarum, etc., Carcinoma, Sarcomo, etc., of ... "PUERPERAL peritonitis," etc. State cause for which rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenveral septichaemia," "Senile," etc.), "Dropsy," Never report merc "Atrophy," "Exhaustion." ("Con-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH	STATE OF MARYLAND
	Non L	CERTIFICATE OF DEATH
Cour	ity JV M	
	1111	Registration Dist. No. 70-2
Villa	ge or City & HUSKENOUN (No. Wash	Cuighon Well St.; Ward) . [If death occurred in
Villa	ge or one, management of the contract of the c	a hospital or institution,
	South Adel	of street and number.]
N	² FULL NAME A WYWW TYWEE	MENT STANDARD STANDAR
L	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH
17	mial WIDDWED Widow on BIVORCED (Write the word)	(Month) (Day) (Year)
Fil	Mulle // // (Write the word)	17 & I MEREBY CERTIFY, That Stended deceased from
6 D/	TE OF BIRTH	191 V, to 191 V,
	Tile 10, 1848	that I last saw h Malive on 1 July 14, 1914
7 AC	(Month) (Day) (Year)	and that death occurred on the date states above, at R. A. m.
1	1 day,hrs.	
	6 6 yrs 6 mos 10 ds OR min.?	The CAUSE OF BEATH & was as follows:
8 0	CCUPATION	Muoray Workers
- pa	a) Trade, profession, or Sulfur fell of work	201-
(1	General nature of industry	(Word Tyr.
Di Wi	islness, or establishment in	(Duration) yrs mos ds.
	IRTHPLACE ON (1/	Contributory
	(State or country)	1/1
. 1	10 NAME OF	(Quralion) yrs mos ds.
-	FATHER Naul Y FOULS.	(Nignod)
RENTS	11 BIRTHPLACE MI	July 12, 1910 (Address) Che work new
Z	OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1). MEANS OF INJURY; and (2), whether ACCIDENTAL,
Œ	12 MAIDEN NAME OF MOTHER	Sufcidal of Homicidal,
PA	Darak Mylarfall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of MOTHER (State or country)	At place in the
12		of deethyrsmosds. State,yrsmosds. Where was disease contracted,
'* T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of desth?
***	(Informant) /// That I wall tou	Former or usual residence
1	Colertist of me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) (C. MA LEMY OWN / MA	lotatestown me xuly 17,1915
15	1 1. w 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	29 UNDERTAKER MADDRISS
FI	led July 1, 1918 III Street	Chart fords Wheeterstown
	If more blanks are needed, address State Registrar.	10 W Senter St. Poles Population V S. No. 1
11	II more blanks are needed, address State Registrar,	to w. oaratoga ot., Datto., Requesting v. o. 110. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servont, Cook write None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Areman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in -Precise statement of occupa-If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory," (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Brow-chopneumonia (secondary), 10 ds. Never report mere "Tumor" for malignant neoplasms); Measles; Whooping head-homicide; Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; rent) affection need not be stated unless important. cough; Chronic valentar heart disease; Chronic interstitial The contributory (secondary or intercur-Poisoned by carbolic acid-probably ACCIDENTAL,



S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	STATE OF MARYLAND
y Cent	CERTIFICATE OF DEATH
County 2	Registration Dist. No. 200
Village or City las Massey (No.	St.; Ward) [If death occurred in a hospifal or institution give its NAME instead
2 FULL NAME Trisby	Jones of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, Widowald ORONOGEO (DRONOGEO (DRONOGEO) (DRONOGEO (16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
/ See Mrs own.	may , 191 4, to July 2/ , 191 V
(Month) (Day) (Year)	that I last saw h alive on July 18 ,191 d
AGE . If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH * was as follows:
9 yrs. mos. ds. ORmin. ?	M. A. T. S. A.
(a) Trade, profession, or Labour	Chronic Interstitut Replintes
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. 6 mos ds.
BIRTHPLACE (State or country) Md.	Gontributory Julianory Gelegary (Secondary)
10 NAME OF SATHER SUSTAINED	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)	7/21 (1814 (Address) Millington ms.
12 MAIDEN NAME OF MOTHER / Junia	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, ; If not at place of death? Former or
(Intermant)	usual residence
(Address) Marse Md	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 7-21 1915 Carle a Stafford	20 UNDERTAKER ADDRESS
If more blanks are needed, address state Regis trar, 6 i	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation--Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Puebperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemla," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Marasampie: Measles (disease causing death), 29 oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chroniu zer" is less definite; avoid use of "Tumor" for malig LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent Always qualify all diseases resulting from "Sentie." etc.), (Recommendations on statement of "Dropsy," ... (name origin; "Can-"Exhaustion," Never report Examples:



V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 202

Ilf death occurred in

	FULL NAME Still 18	a hospital or Institution, give its HAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Cared Cored Single, WIDOWED, ORDIVERCED (Write the word)	18 DATE OF DEATH July 28 1910 (Month) (Day (Year)
6 D	(Monty) (Day (Year)	17 I HÉREBY CERTIFY, That I attended deceased from 191, to
(a) pai (b) bus whi	CCUPATION) Trade, profession, or ricular kind of work Generat nature of industry, liness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	(Ouration) yrs mas ds. Contributory Secondary
ARENTS	10 NAME OF FATHER David from San 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) J. Series Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Hosticidal,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or
15 File	ed Address) (Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Meas. Pomora fulle 28 -, 1915- 20 UNDERTAKER ADDRESS Control of the State of State

N. B.-



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclaschsis, tctanus) may be stated under the head of injury, as fraeture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronie interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ete., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustiou," (Recommendations on statement of



EXACTLY. RECORD classified stated PERMANENT perly certificate pro should be of may ы CK O THIS 4 4 that 20 ed suppli INK So LO instructi terms, UNFADING carefully 2 See Ď pino important. I 4 ы 0 informatio 0 ш AUSI WRITE 177 PATION 40 item SCUE Every

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PHYSICIANS t statement of

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No.20 Lif death occurred in Village or City a hespital or institution. give its NAME instead of street and number. ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE 3 58 4 COLOR OR RACE 18 DATE OF DEATH WIDOWED OR DIVORCED (Write the word) MARRIED, 1915 (Year) (Day) I HEREBY CERTIFY attended deceased from BIRTH (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH # was as follows: min. ? OR mos. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) OState the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL AR OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE In the At place OF MOTHER (State or country of death State.mes. Where was diseese contracted. 14 THE ABOVE If not al place of death? Former or usual residence BURIAL \(Address ... 191.4 16 20 ANDERTAK REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

16 37

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return mill; (a) Salesman, (b) Crocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Lealer," etc., without more mobile factory. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil cer, Stationary fireman, etc. But in many cases, The material worked on may form part statement. Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Struck by railway train—accident; Revolver wound of "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puemperal septichaemia, "Senile," etc.), "Dropsy," The contributory (secondary or intercur-State cause for which Never "Exhaustion, report mere



A PERMANENT

-THIS IS

WRITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH	STATE OF MARYLAND
County Lent	- CERTIFICATE OF DEATH
County The Corp.	Registration Dist. No. 202
blatet 1	1 /
Village or City LTUSAUTOWW (No,	St.; Ward) [If death occurred in a hospital or institution,
1 dessie E	The give its NAME instead of street and number.]
² FULL NAME) // CWI / CUI
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MARRIED,	16 DATE OF DEATH 1164 27 1015
Triceale White Widowce On Divorced Write the word	(Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
aug 72 1873	, 1914, to 191
(Month) (Day) (Year)	that I last saw halive on 191,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
yrs / mos D ds. OR min.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession, or	
particular kind of work	
(b) General nature of industry business, or establishment in	(Ourailon) yrs mos ds.
which employed (or employer) 9 BIRTHPLACE	•
(State or country) At 11 & Co Wed	Secondary Secondary
10 NAME OF A	(Ourstian) yrs. mos. ds.
FATHER IND & ROEdes	(Signod) M. O.
11 BIRTHPLACE OF FATHER (State or country)	(Egh, 191) (Address) Cather Can Com
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
OF MOTHER COLITAGESTA SHAVEN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place
OF MOTHER (State or country)	of death yrs. mos. ds. Stats, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not st placs of death?
(Informant) Melien Maslus Fallecke	Former or usual residence
(Address) Khestertown Mul.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) Antiterfown Mil.	School Frown Md flely 79, 1915
Filed Miles 29 1910 Mulichis	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. wife, Hausework, or At Home, and children, not gainfully write None. or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Fareman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton mobile foctory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary Areman, etc. But in many cases, cian, Compositor, Architect, Locamotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 31915
BUREAULV.S.

HYSICIANS statement of EXACTLY. RECORD classified. stated PERMANENT properly should pe 4 00 may ы ck C THIS d that 00 supplied Sug NX So struction terms, UNFADING carefully 2 See 2 pino Important. H 4 PLAINLY, L 0 of information Bs. 0 ш USI should state CA CA No. 0 Z

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. 204 If death occurred in a hospital or institution. give its NAME Instead of street and number. ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDDWED WORD OR DIVORCED (Write the word) (Monda) (Dav) HEREBY CERTIFY. That I attended deceased from (Month) (Day) (Year) 7 AGE it LESS than and that death occurred on the date stated above. 1 day. hrs. was as follows: min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL 12 MAIDEN NAME OF MOTHER 4 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE in the At place OF MOTHER (State or country of death ____yrs. _____ds. Stals. Where was disease contracted. 14 THE ABOVE IS TRUE ti net at place of death? Former or usual residence 15 20 UNDERTAKER ADDRESS Filed

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired employed, as At school or At home. Care should be taken to report specifically the occupations of persons state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Crocery; (a) Fareman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., scpsis, tclonus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritanitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," birth or misearriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchapneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping gcs, perilanaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Dropsy," "Exhaustion," ACCIDENTAL,

If this eertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 31915
HUREAU, V.S.

1 PLACE OF DEATH 11786	STATE OF MARYLAND
County Cessy,	CERTIFICATE OF DEATH
	Registration Dist. No. 204
Village or City Sarkee (No. Mel	(It death occurred in a hospital or institution, give its NAME instead
² FULL NAME Allemanes	of street and number.
FERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED MYLE Write the Moral	18 DATE OF DEATH Suly 3/ (Day) (Year)
G DATE OF SIRTH	HEREBY CENTRY, That attended deceased from
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 191 m.
775. mos. ds. or/\(\tau_{in}\).?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Confinital Melectasis
(b) General nature of iodustry business, or establishment in which employed (or employer)	(Ourefloa) yrs. mos. ds.
9 BIRTHPLACE (State or country) Level Co Mid	Contributory Secondary Acht Carl Garatton) pro mas de
10 NAME OF FATHER Thur. M. Bruggold	(sign) traffle pully agours
11 BIRTH PLACE OF FATHER (State or country) Key B. And 12 MAIDEN NAME OF MOTHER MALL, R. Hervard	*State the DISPEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
	SUICINAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
State or country Luceur Anne Co	At place in the of deathyrsmesds. State,yremesds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) DAN MANGET	Former or usual residence
(Address) Arelon I mi	Jaule Cemeleus sell 31, 1915
Filed self VI. 1915 F. M. Switch	20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Registrar,	W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Lealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Gracery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in But in many eases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths Struck by railway train—accident; Revolver wound of "PUERPERAL perilonilis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," ehopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of or misearriage The contributory (secondary or intercuras "Puerperal septichaemia," "Dropsy," "Exhaustion," Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 31915
BUREAU, V.S.

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m.

PERMANENT UNFADING WITH WRITE

RECORD

OCCUPATION PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDDWED, (Write the word) DATE OF BIRTH (Month) (Day 7 AGE If LESS than 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 back ARENTS 11 BIRTHPLACE hould OF FATHER (State or country) 0 12 MAIDEN NAME See Instructions OF MOTHER plal = 13 BIRTHPLACE OF MOTHER (State or country) DEATH 5 10 Important. Every It 15

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

Ilt death occurred in a hospital or Institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Dav (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: Contributory Secondary *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, ____ Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTHAR

(Year)



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee ou Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabil LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations ou statement of Never report For vio-



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PLACE OF DEATH 11788	STATE OF MARYLAND
1 4 7	CERTIFICATE OF DEATH
County County	Registered No. 20/
Village or City the dreuel Gine. (No.	St; Ward) [If death occurred I a hospital or institution give its NAME instead of street and number.]
FULL NAME (SAULE VILLEN)	II WENCE CONTINUE OF THE PARTY
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH May 10-th 1891	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) . (Year)	that I last saw harmalive on 1915
7 AGE 1 t LESS than 1 day,hrs. Rmin.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Calmonary Julientones,
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Doration) 2 yrs. mos. to
9 BIRTHPLACE (State or country) Manifand	(Secondary)
10 NAME OF FATHER 1. A. Standber	(Signed) (Si
V 11 BIRTHPLACE OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent
of Mother Cather M. Couly	CAUSES, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place In the of death yrs mos ds. State yrs mos ds.
Interment) Hary Holdson	Where was disease contracted, If not at place of death? Former or
(Address) Crumpton, Mel.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed aug 2 , 1915 Poillegen Parr	20 UNDERTAKER ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinlosis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomenciachildbirth or miscarriage, as "Purpresal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "Puerperal peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for



V. S. No. 1.

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;----Ward)

[It death occurred in a hospital or institution, give Its NAME Instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D/	ATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw here alive on fully 2 4 th, 1915.
TAC	If LESS than	and that death occurred on the date stated above, at 12 Pm.
	74 yrs 2 mos 8 ds. OR min. ?	The CAUSE OF DEATH* was as follows: Chronical about disease
800	Trade, profession, or	
par	ticular kind of work	and aute Bronehites,
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
9 81	RTHPLACE (State or country)	ContributorySecondary
	10 NAME OF FATHER UNIVERSE	(Signed) Swy 2, Way well, M. D.
11 BIRTHPLACE OF FATHER (State or country)		*State the Disease Causing Death, or, in deaths from Violence
PAREN	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOW COGE	Where was disease contracted, If not at place of death?
((Informant) Mrs Rotan Crew	Former or usual residence
(Address) Betterton Und		19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16 File	on July 26, 1915 Prilliam Pars.	20 UNDERTAKER ADRESS ADRESS
	Local REGISTRAR	W. H. Sprisen Still Good
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

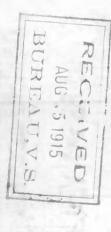


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no ocenpation whatever, write None. cated thns: CAUSING NEATH, state ocenpation at beginning of illbeen chauged or given up on account of the disease Servant, Cook, Housemaid, etc. If the ocenpation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to the and cansation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease eansing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can mia," "PUERFERAL peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mns," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) canse of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failnre," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tnmor" for maligtctanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," death), 29 ds.; For vio-



N.B.

PLACE OF DEATH County Clust Fillage or City Leonglown (No. Mone) 2 FULL NAME LLOVE Th	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH AGE AGE AGE AGE AGE AGE AGE AG	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month)
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Marles Norwes Address) 1915 Manuel REGISTRAR	State the DISEASE CAUSING DRATE, OF, in deaths from VIOLENT CAUSER, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the ef deeth yrs. mes. ds. State, yrs. mes. ds. Where was discesse contracted, If not at piece of desth? Former of usual pesidence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LUCY 1911. 20 UNDERTAKER ADDRESS / OSLICE / O
If more blanks are needed address State Registrer 1	RW Saratora St. Ralto Requesting V S No. 1



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. or given up on account of the disease causing death, state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the mobile factory. engineer, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-Stationary fireman, etc. The material worked on may form part Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by earbolie acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chojmeumonia (seeondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... The contributory (seeondary or intercur-"Dropsy," "Exhaustion," report mere ("Con-



N. B.

PLACE OF DEATH 1791 County Villago or City PLACE OF DEATH 11791 Villago or City PLACE OF DEATH 11791 County PLACE	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Pear)	18 DATE OF DEATH (Month) (Day) (Year) 17 LHEREBY CERTIFY, That I attended deceased from 191 V, to that I last saw her alive on Tule 7 191 J,
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at the cause of DEATH * was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) Keuf leo. Md.	Contributory Secondary (Duration) yrs mos ds,
10 NAME OF FATHER MONIPSON 11. BIRTHPLACE OF FATHER. (State or country) Much Co Much 12. MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) , M. 0. , 191. (Address) *State the Disease Causino Death, or, in deaths from Violent Causes, etate (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, If not all placs of death?
(Informant) (Address) (Address)	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER ADDRESS ADDRESS ON Senton St. Police Proposition V. S. D. I.

Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Hausemaid, etc. If the oecupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Caal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," head-homicide; Poisoned by Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonilis," etc. State eause for which eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the genital," "Senile," etc.), lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valentar heart disease; Chronic interstitial ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull (merely symptomatie), The contributory (secondary or intercur-"Convulsions," "Dropsy," : "Exhaustion," carbolic ocid-probably "Debility" Never report mere "Atrophy," "Colnound ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 31915
BUREAU, V.S.

V. B. No. 1.

PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Her Galena (No.	Registered No. 2000 St; Ward) [If death occurred in a hospital or institution,
*FULL NAME Villaine X.	give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, OROIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That i attended deceased from
Month) (Day) (Year)	that I last saw have allow on without I last saw have allow on the last saw have allowed by the last saw have all saw have allowed by the last saw have all saw hav
7 AGE about 67 yrs mos ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	(Doration) yrs mos / ts
Manuland. **BIRTHPLACE (State or country) **Manuland.**	Contributory (Secondary) (Doration) yrs mos ds.
10 NAME OF FATHER Herify Fulson,	(Signed) Asus M. D.
OFFATHER (State or country) 12 Mailen NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 2004 hum.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
Informant) Sussel Sent of MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
Filed May 18, 1916 Sea of REGISTRAR	20 UNDERTAKER LEEN Middleton M
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

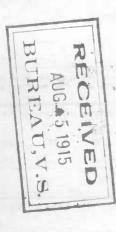


[Approved by U. S. Census and American Public Health
Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrreral septichae. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Examples:



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i of information should be cerefully supplied. AGE should be stated EXACTLY. PHYSICIANS should if DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF Important.

Very

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1 PLACE OF DEATH

County Kent



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

It death occurred in

٧		7 19 19 19		a hospital or institution give its HAME instead of street and number.]
=	PERS	ONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
³si F		4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH July 3rd , 1915. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased 4000
6 D	ATE OF BIR	тн July (Month)	3rd ,/915 (Day) (Year)	at birth, to 191
7 AGE If LESS than 1 day,hrs.			f day,hr	Talla tilat death occarios on the date states assert, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)				with a breech presentation , large head and a small pelvis
9 B	9 BIRTHPLACE (State or country) Kent Co.Md.			Gentributory (Secondary) (Unration) yrs mos d
10 NAME OF FATHER Nicholas V.Walters 11 BIRTHPLACE OF FATHER (State or country) Kent Co.Md. 12 MAIDEN NAME OF MOTHER Maida J.Muldoon,		V.Walters	(Signed) Collumn (J. M. I. July 4ths 5 (Address) Galena, Md.	
		THER	Co.Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
		J.Muldoon,	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)	
14-	THE ABOVE	country) Baltin	T OF MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs, mos. d Where was disease contracted, it not at place of death? Former or usual residence.
15 F	(Address	Galena, Md		20 UNDERTAKER. 20 UNDERTAKER. 20 UNDERTAKER. 20 UNDERTAKER. 20 UNDERTAKER. 20 UNDERTAKER.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore ar cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DIRKARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipality of the control of

childbirth or miscarriage, as "Purnereal septichaesepsis, tetanus)
"Contributory." such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Accidental drowning; Struck by railway train-accigenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-The nature of the State cause for d8. -X-0

